Effective on 12/08/2004
Fee pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL

FOR FY 2005

Complete if Known	
Application Number	09/828,029
Filing Date	April 6, 2001
First Named Inventor	ATLAS, Boris
Examiner Name	L. V. Ciric
Art Unit	3753
Attorney Docket No.	9323.055.00

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT	($)60.00

METHOD OF PAYMENT (check all that apply)

■ Check   ☐ Credit Card   ☐ Money Order   ☐ None   ☐ Other (please identify):_____

☐ Deposit Account   Deposit Account Number: __50-0911__   Deposit Account Name:_____

☐ For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below   Charge fee(s) indicated below, **except for the filing fee**

Charge any additional fee(s) or underpayments of fee(s)   Credit any overpayments

under 37 CFR 1.16 and 1.17

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES Fee ($)	Small Entity Fee ($)	SEARCH FEES Fee ($)	Small Entity Fee ($)	EXAMINATION FEES Fee ($)	Small Entity Fee ($)	Fees Paid ($)
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

2. EXCESS CLAIM FEES

Fee Description	Fee ($)	Small Entity Fee ($)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

Total Claims	Extra Claims	Fee ($)	Fee Paid ($)	Multiple Dependent Claims	
_____ - 20 or HP =	_____ x	__50__ =	_____	Fee ($)	Fee Paid ($)
				_____	_____

HP = highest number of total claims paid for, if greater than 20

Indep. Claims	Extra Claims	Fee ($)	Fee Paid ($)
_____ - 3 or HP =	_____ x	__200__ =	_____

HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is $250 ($125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41 (a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee($)	Fee Paid ($)
_____ - 100 =	_____ / 50 =	_____ (round up to a whole number) x	_____ =	_____

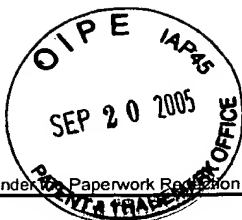**4. OTHER FEE(S)**

	Fee Paid ($)
Non-English Specification, $130 fee (no small entity discount)	
Other: _____Petition for One Month Extension of Time_____	$60.00

SUBMITTED BY

Signature	*Anthony Josephson Reg. No. 45,743*	Registration No. (Attorney/Agent)	Telephone 202 496 7513
Name (Print/Type) *for:*	Mark R. Kresloff	42,766	Date September 20, 2005

DC:50362854.1

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)	Docket No. (Optional) 9323.055.00

In re Application of	ATLAS, Boris	

Application Number 09/828,029	Filed April 6, 2001

For:	MULTI-CHANNEL TEMPERATURE CONTROL SYSTEM FOR SEMICONDUCTOR PROCESSING FACILITIES

Art Unit	3753	Examiner	L. V. Ciric

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and appropriate non-small-entity fee are as follows (check time period desired):

[x]	One month (37 CFR 1.17(a)(1))	$	120.00
[ ]	Two months (37 CFR 1.17(a)(2))	$	
[ ]	Three months (37 CFR 1.17(a)(3))	$	
[ ]	Four months (37 CFR 1.17(a)(4))	$	
[ ]	Five months (37 CFR 1.17(a)(5))	$	

[X] Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: $ 60.00 .

[X] A check in the amount of the fee is enclosed

[ ] Payment by credit card. Form PTO-2038 is attached.

[ ] The Director has already been authorized to charge fees in this application to a Deposit Account.

[X] The Director is hereby authorized to charge any additional fees which may be required, or credit any overpayment, to Deposit Account Number 50-0911 .

I have enclosed a duplicate copy of this sheet.

I am the
[ ] applicant/inventor.
[ ] assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).
[ ] attorney or agent of record. Registration Number _____
[x] attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a) 42,766

Anthony Josephson Reg. No. 45,748

September 20, 2005		Signature
Date		
(202) 496-7513	for:	Mark R. Kresloff
Telephone Number		Typed or printed name

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below

[x] Total of 1 forms are submitted.

DC:50362857.1